

The Comic Face of Anger:
Art Therapy and Cognitive-Behavioral Therapy in an Anger Treatment Program

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Abstract

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While noting that anger is a common and universal emotion, which occurs when one feels threatened or humiliated, recent studies have shown that anger in adolescents could be the root of aggressive and hostile behaviors. In this research paper, art therapy is introduced as an effective modality in anger regulation interventions with adolescents. Evidence-based research also supports the competence of cognitive-behavioral therapy (CBT) in addressing anger issues in adolescents. In this paper, a group art therapy anger management program is proposed incorporating CBT techniques and based on a review of the existing literature. A program guide, examples of art activities and CBT tasks are proposed in the current paper.

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CHAPTER 1: Introduction

Background

Anger is “a common human experience expressed on a continuum of healthy-disturbed, adaptive-maladaptive, constructive-destructive, and pragmatic-problematic” (Helman, 2010, p. 1). Anger is considered a natural and universal emotion, which occurs when one feels threatened, frightened, failed, humiliated, deceived, ignored, neglected, etc. Interplay between “physiological, affective, cognitive, and verbal mechanisms” (p. 1) is one of the characteristics of this emotion, which influences the “frequency, intensity, duration, threshold, expression, and degree of comfort” (p. 1) when one feels angry.

It is important to indicate that not all anger requires therapy since anger could be a normal response in some circumstances. However, adolescents’ involvement in aggressive and hostile behaviors, intensive reactions, and long-standing angry behaviors, are signs of clinical anger, which should be addressed in order to prevent further aggression in life (Hankin & Hankin, 2000).

“Adolescent anger and aggression have become an important concern in recent years, given the incidents of school violence” (Fives, Fuller, Kong, & DiGiuseppe, 2011, p. 199). Helman (2010) indicated students who lack adequate control over their anger are prone to get involved in aggressive violent behaviors. Chau (2005) noted that hostile behaviors seem to reach a peak throughout adolescence. Many researchers and mental health professionals working with adolescents believe the adolescents’ aggressive behaviors and violent acts have their roots in anger (Chau, 2004; Fives, 2003; Marcus, 2007; Stiffler, 2008).

Anger regulation programs have been known as beneficial interventions in addressing anger in adolescents (Helman, 2010). Such programs help the adolescents recognize the reasons, which led them to exhibit anger; whether they are real logical reasons or irrational beliefs and cognitions, and increase their problem-solving skills to use in anger-provoking situations (Fives, 2003). Liebmann (2008) suggests art therapy as an effective modality in the treatment of anger in adolescents, which provides them an opportunity to apply their creative minds to find better ways of communication, problem solving, and decision-making. Moreover, in art therapy anger management groups, clients can step back and look at their art products, become observant of their anger, gain more insight into how they express their anger, discover creative ways of dealing with their anger via art making, eventually select the best solutions and start applying them in real life situations. Another successful approach in the treatment of anger in adolescents is CBT. In agreement with art therapy, CBT attempts to direct the attention to the maladaptive thoughts and irrational beliefs that lead to the demonstration of an angry behavior (Stewart, Christner, & Freeman, 2007).

When combining the two approaches in an anger treatment program, clients can take advantage of their creativity in finding alternative ways of behaving in a situation, examine the consequences of each idea by an art exploration, and choose the best possible solution before applying it in the real world (Stewart et al., 2007). The author's personal experience in working with adolescents at a children's hospital and a private clinic as part of second year practicum, confirmed the above-mentioned findings. Based on the literature and personal experience of the author in incorporating art therapy and CBT techniques, art therapy anger treatment programs, which apply cognitive-behavioral

techniques, have been beneficial in reducing angry traits and behaviors of adolescent clients.

Statement of Purpose

The aim of this research is to make a comprehensible connection between the theory and practice of art therapy and the cognitive behavioral theories and techniques used in reducing anger in adolescents. The literature supports the efficacy of CBT and art therapy techniques in reducing anger in anger treatment programs. The goal of this theoretical/intervention research paper is to propose a unique art-based cognitive-behavioral anger management program for adolescents based on themes found within a CBT comic book, *Shamantra's Way* (Helman, 2010). This comic book has proven to be effective in helping adolescents become more in control of their anger. CBT anger management programs help the adolescents identify the triggers of angry behavior in themselves, while increasing the capacity for self-control capacity in anger provoking situations. The main focus of these programs is on the physiological, behavioral, and cognitive components of anger, which lead to the manifestation of anger (Feindler & Engel, 2011).

Overview

The first chapter of this research paper provides a brief background of the problem and art therapy and cognitive behavioral approaches in the treatment of the problem. The key terms are defined and the purpose of choosing this research topic is introduced. In the same chapter, anger is being looked at as a common and universal emotion. The second chapter explains the methodology used in this research, which provides information on the research design and data retrieval. In the third chapter,

various definitions of anger are provided. Moreover, anger is viewed as a potentially destructive defense mechanism. General therapeutic approaches and principals in the treatment of anger are also mentioned in this chapter. Since the main goal of this research paper is to propose an art therapy program, the fourth chapter is designated to the principals of art therapy and the advantages of group art therapy with adolescents. Moreover, the benefits of using comic books in therapy, as an art therapy technique, are explained. Chapter five is allotted to the definition of CBT, the results of CBT and anger regulation in adolescents, and the benefits of group cognitive behavioral therapies with adolescents. Moreover, Piaget's cognitive developmental stages of adolescence are included, providing substantial evidence that adolescents are adequately cognitively ready to benefit from CBT. Chapter six presents successful combinations of art therapy and cognitive behavioral techniques in the treatment of anger in adolescents. Chapter seven is allotted to the intervention program for anger management in adolescents. A detailed manual with session-by-session descriptions of activities comprises this chapter. In chapter seven, limitations for this research, further recommendations, and a summary of the proposed anger treatment intervention for adolescents.

Definition of Key Terms

Art therapy: "is a modality of psychotherapy that uses the visual creative process for healing. Art therapy in this context can provide the opportunity for healing and working through painful emotions" (Kelly, 2010, p. 255).

Cognitive-behavioral therapy (CBT): is a form of psychotherapy that is aimed at changing the behaviors while addressing maladaptive thoughts, cognitions, and beliefs when one experience an event (Dobson & Dozois, 2010).

Adolescence: is a period of transition, between the ages of 13-19, marked by physical, psychological, and cognitive changes underpinned by biological factors (Fatusi & Hindin, 2010, p. 499). Blos (1962) indicated abstract thinking, judgment and logical thinking, increased stable social skills, empathy, altruism, and sexuality, a well-formed self-image, a sense of individual identity, and acceptance of body changes (p. 12-14) as some of the milestones of this stage of life.

Anger management: is the process of controlling rage, frustration, confusion, and dissatisfaction (Grones & Huber, 2003, p. 186).

Chapter 2: Methodology

Theoretical Analysis

A theoretical methodology was used in this research paper, where the current literature on the topic was found and analyzed to create new insight on the existing research. According to Hart (2001) “analyzing the literature can have as much intellectual and practical value as collecting first-hand data. A thorough critical evaluation of existing research often leads to new insights by synthesizing previously unconnected ideas” (p. 2). As Assouline (2009) noted, “theoretical research follows three stages: a) identification and the limitation of the research area, b) collection, selection, organization, verification, validation, and analysis of the data, and c) interpretation of the material” (p. 6). The first stage of theoretical analysis takes place in the third chapter, which includes a description of what is called “problematic anger” in adolescents. An evidenced-based research on the existing art therapy and cognitive-behavioral theories and techniques in the treatment of anger, constitutes chapters four and five of this research paper. In chapter six, combined treatments are reviewed. In chapter seven a selected series of art activities and principals of CBT were used to design an intervention to increase control over anger-provoking stimuli. In the discussion in chapter eight, the author attempts to integrate the art therapy and CBT principals in the treatment of anger and come to a general agreement on the use of CBT in an art therapy group based on what the supportive literature.

Intervention Design

“Intervention research is the systematic study of purposive change strategies. It is characterized by both the design and development of interventions” (Fraser & Galinsky, 2010, p. 459). Fraser and Galinsky’s intervention design of research contain five steps,

which are as follows: “1) develop problem and program theories, 2) Specify program structures and processes, 3) Refine and confirm in efficacy tests, 4) Test effectiveness in practice settings, and 5) Disseminate program findings and materials” (p. 463).

The design of this research paper falls in the intervention method of research. The author will define the problem and theories that support the treatment of the problem. The main aspects of the intervention will be determined in this step, including the population, group or individual therapy, and organization. After analyzing the current literature, a new intervention along with a manual will be proposed based on the existing models of anger treatment. This specific group intervention manual contains the art therapy techniques, the principals of CBT, and the themes of a CBT comic book for anger management in adolescents, Shamantra’s way (Helman, 2010). A detailed description of the activities of each session and expected goals as well as art materials, group size, duration, structure, and setting is also explained in this manual. According to Soydan (2010), “An intervention is any intentional interference that is assumed to have good chances to modify a process, condition, or situation” (p. 457). With the hope of increasing positive changes in adolescents’ handling of angry behavior, this paper will be focused on proposing an art therapy based anger treatment program using CBT techniques in a form of a group intervention. This interventional research does not include the last three necessary steps and will not be tested in a practice setting. Therefore, the benefits of this anger management program for adolescents are not evidently proven.

Data Retrieval and Inclusion

A comprehensive search of literature was conducted to retrieve journal articles, edited books and textbooks, dissertations and theses, online journals, and research papers investigating the meaning of anger, art therapy and cognitive-behavioral techniques in the treatment of anger, and the effective interventions in working with adolescents in groups. It should be noted that the documents used in the literature were limited to the North America and United Kingdom, which were only available in English. Therefore, a Western culture bias might be evident within this paper.

The literature search was broadened by seeking out a wide variety of data in relation to art therapy, CBT, mindfulness techniques, comic books in therapy, psychotherapy, psychology, anger, aggressive behavior, adolescents' stages of cognitive development, and intervention treatments for adolescents, group art therapy, and group CBT.

Moreover, the author's opportunity to work with children and adolescents with anger issues, as part of a second year internship at a children's hospital, provided her with occasions to learn about different art techniques that would work with this population. She blended her CBT knowledge with art therapy techniques and this experience led to new insights about how to incorporate the principals of the two approaches in the treatment of clients with anger issues.

Chapter 3: Anger

Definition of Anger

Although the overall consensus of both researchers and clinical professionals is that anger is a natural and universal emotion (DiGiuseppe & Tafrate, 2007) that occurs mostly when individuals feel threatened (Novaco, 2011), recent studies have shown that anger could be the root of many dysfunctional and destructive behaviors in adolescents and can negatively influence their lives (Beck & Fernandez, 1998; Deffenbacher, Lynch, Oetting, & Kamper, 1996; DiGiuseppe & Tafrate, 2007; Feindler & Engel, 2011). The disruptive responses to this emotion may have negative consequences for the individual, his/her family, school and community. Extensive research has listed criminal behavior (Feindler & Ecton, 1986), alcohol and drug abuse (Deffenbacher, 1995), higher rates of anxiety and depression (Deffenbacher & Stark, 1992), hostility towards partners/spouse, (Feindler & Engel, 2011) dropping out of school and work problems (Deffenbacher et al., 1996) as some of the negative consequences of anger. In a recent study, Down and his colleagues (2011) stated that adolescents' angry outbursts occur mostly in familiar situations, such as with their families or in schools, and their adverse behavior usually targets authority figures such as parents, teachers, or family members.

Anger is a form of self-expression and is a vital emotion, which could be protective of human beings in certain situations (Liebmann, 2008). However, as mentioned above, anger can manifest its other side as an out-of-control emotion, which has a destructive essence, and may lead to violence, aggression, or criminal behavior.

It is important to define anger in this research as this term has often been defined along with other behaviors such as aggression, hostility, or irritability (DiGiuseppe &

Tafrate, 2007). In defining anger, it is crucial to differentiate between anger as an emotion and negative behaviors such as aggression, hostility, and irritability as consequences of this emotion. It is not easy to find one common definition for anger, as it appears that each definition places emphasis on different “cognitive, affective, physiological, or verbal components” (Saini, 2009, p. 473). In an attempt to define anger, Saini (2009) stated that anger is “a common human experience expressed on a continuum of healthy-disturbed, adaptive-maladaptive, constructive-destructive, and pragmatic-problematic” (p. 473). Anger has also been defined as an “internal, mental, subjective feeling state with associated cognitions and physiological arousal patterns” (DiGiuseppe, Eckhardt, Tafrate, & Robin, 1994, p. 111). Novaco (1994) defined anger as a “negatively toned emotion, subjectively experienced as an aroused state of antagonism toward someone or something perceived to be a source of an aversive event” (p. 330). According to the proposed anger treatment program in this paper, the destructive anger can be explored and modified, if one wanted to. The adolescent with anger problems is defined as an individual for whom the consequences of anger are largely and negatively influencing his/her interpersonal relationships, education, and future.

Anger as a Defense

The above-mentioned negative social effects of anger have led clinicians and researchers to further study the influential factors in anger display, aggressive behavior, and anger regulation. Zoccali and his colleagues (2007) noted that in an attempt to correct their undesirable actions and feelings, defense mechanisms might be elicited in order to avoid experiencing extreme levels of anxiety, while dismissing disturbing thoughts, feelings, and beliefs (Zoccali et al., 2007). According to the Diagnostic and Statistical

Manual of Mental Disorder – DSM IV (American Psychiatric Association, 1994), defense mechanisms “are automatic psychological processes that protect the individual against anxiety and from the awareness of internal or external dangers or stressors. Individuals are often unaware of these processes as they operate”. In the past decade, researchers have studied the triggers of anger and aggressive behavior, which include but are not limited to shame, guilt, hate, jealousy, envy, excitement, sadistic pleasure, resentment, loss, feeling invisible, feeling inferior, feeling empty (Luxmoore, 2006; Baumeister & Bushman, 2007; Montada, 2007). In both children and adults, anger could act as a defence mechanism to inhibit the occurrence of the extreme anxiety and distress accompanying the latter triggers. However, there might be one or more triggers involved in an outburst of anger. The following examples will clarify the above-mentioned concept.

In the years, where adolescents are busy developing an identity that will help them deal with the world and protect them against its expectations, “shame” is an inseparable emotion. Any failure in sexuality, friendship, academic achievements, or social interactions might cause adolescents to feel shame (Luxmoore, 2006). Studies have shown that shame-prone people are more likely to experience low self-esteem, which leads them to react in anger (Baumeister & Bushman, 2007). It has been reported that these individuals are more likely to blame others for their failures, exhibit anger, and get involved in hostile and aggressive behavior. Seeking release from the distress caused by shame, these individuals blame others, become angry with them and engage in aggressive behavior (Retzinger, 1991).

Perceiving themselves as failures, some adolescents become competitive and

might “envy” the achievements of their fellow teenagers. Therefore, they believe that others are better than they are and they can’t compete with them. The latter could also trigger anger and aggressive behavior as a defence mechanism (Montada, 2007).

Moreover, as a result of their failures or a distorted cognition of worthlessness, these adolescents feel ignored by their peers and other adults. So, in an attempt to protect themselves from feeling distressed or anxious, these adolescents react with anger (Luxmoore, 2006).

Treatment of Anger

Studies show that the anger treatment programs consist of training and modification of three aspects in individuals with anger issues (Deffenbacher, Oetting, & DiGuiseppe, 2002; Steffgen & Schewenkmezger, 1993). These researchers suggest that the aim of anger treatment is for the participants to find appropriate ways to deal with their anger and control the anger-provoking situations and their responses, as well as increase their understanding of these situations. Therefore, “modification of physiological arousal, modification of cognitive process, modification of behavior (social interaction, and modification of several psychological processes” (Steffgen & Pfeysch, 2007, p. 101) are the goals of these treatments.

Researchers have reached a consensus (DiGuiseppe, 1999; Feindler & Ecton, 1986; Novaco, 1976; Schewenkmezger, Steffgen, & Dusi, 1999;) that each anger treatment program should include the following components: “addressing motivation, cultivation of the therapeutic alliance, managing physiological arousal, fostering cognitive change, implementing behavioral change, providing environmental supports for change, teaching relapse-preventions skills, and initiating restitution and reintegration”

(Steffgen & Pfeysch, 2007, p. 101).

Chapter 4: Art Therapy and Art in Therapy

Art Therapy

The fundamental principals of art therapy with adolescents are quite similar to other psychotherapeutic approaches. Establishing the therapeutic relationship is the first step in helping the clients in art therapy (Linesch, 1988). Since therapy sometimes is imposed on adolescents, they are known as reluctant clients (Riley, 1999). As a result, they may not be cooperative with the therapist in their treatment, deny having any problems, and refuse to talk. In an art therapy session, the pressure of articulating problems is lessened and wordless communication is as acceptable as verbal communication (Riley, 1999). When the clients feel that they are being accepted even without articulating problems, the therapeutic relationship is more likely to be established.

Moreover, an art therapist is the facilitator to help the adolescents improve their self-expression skills. It is important for the art therapist to accept all the naïve and immature expressions of emotions and help the clients learn new ways of self-expression, self-growth, and self-development (Linesch, 1988). The art therapist is also a facilitator to help the adolescents access their unconscious or to bring their unconscious to consciousness (Case & Dalley, 2006). As Case and Dalley (2006) noted, an image is a combination of past and present experiences of an individual, which may or may not be in his/her awareness. When an image is created, the therapist helps the clients explore the thoughts and emotions within the image, and more importantly helps them uncover the thus far latent thoughts and emotions, which may be causing the presenting problems, and help them make sense of them within their artworks (Linesch, 1988).

Last but not least, it is the art therapist's role to accept all the possible meanings of an image and to be cautious about interpretation. Misinterpretations might endanger the therapeutic relationship and could cause an abrupt termination (Case & Dalley, 2006). Linesch (1988) asserted that interpreting images not only could ruin the relationships, but also may threaten the adolescents' self-trust in creating an image. An art therapist should comprehend that for an adolescent, who is not considered an artist and is uncertain about his/her artistic skills, creating a piece of artwork might be stressful and therefore showing empathy and encouraging the clients to not be preoccupied with the aesthetics of their artworks is of utmost importance.

Group Art therapy with Adolescents

While some therapists prefer individual therapy with adolescents to group therapy it is worth reviewing some of the advantages of having group art therapy with adolescents. Blos (1962) noted that the battle of a power struggle, which is a common teenage characteristic and accompanies social anxiety, could be addressed and resolved with the support of the leader and among peer members of the group who are going through the same phase. Ackerman (as cited in Esman, 1983) commented that group therapy provides a safe milieu in which the adolescent clients can appraise the distorted, maladaptive cognitions in their personal interactions. Surrounded by other teenagers, who are busy evaluating their own perceptions and beliefs, a group setting can provide a non-threatening, stress-free, and non-judgmental space for the adolescents to examine new cognitions and to achieve useful self-perceptions. Having group members, who have attended the group to resolve the same issues, prevents the clients from alienating themselves and eliminates the belief that "I'm the only one with this problem". Berkovitz

(1972) also noted that since uncertainty is an inseparable factor of being an adolescent, group therapy would be a suitable setting for adolescents, where they could explore their doubts about self, the outer world and their beliefs, with people who most probably are struggling with these same issues.

With all the above being said, it is not surprising that Linesch (1988) believes that group art therapy fits the therapeutic needs of adolescents. Linesch (1988) noted that self-expression and reciprocal communication, which are usually the main problematic issues in teenagers, could be improved in group art therapy since art could facilitate the process of the group. The act of art making lessens the anxiety of being in a group while facilitating the process of engaging in self-explorative activities; a process that is often difficult to be achieved in individual and/or verbal therapy with youth. Yalom (1975) believes that the latter occurs mainly because each member of the group creates his/her own small world within a group and utilizes it for “feedback, catharsis, meaningful self-disclosure, and acquisition of socializing techniques” (p. 122).

Furthermore, Linesch (1988) noted that group art activities could bring the adolescent participants to work together and therefore improve the group’s cohesiveness. In accordance with Linesch (1988), Yalom (1975) believes peer acceptance, which can positively increase adolescents’ emotional and interpersonal growth, can be provided in groups. Although he noted that the process of accepting one another in a group might be slow, Linesch (1988) believes that incorporating art into a group setting could speed up this process remarkably.

Liebmann (2004) introduced group art therapy as an effective modality in working with children, adolescents, youth, and older adults suffering from substance

abuse, depression, loneliness, social and behavioral problems, cancer, anger, suicidal thoughts, physical impairment, pregnancy, post-traumatic stress disorder, and many more difficulties (Liebmann, 2008). Linesch (1988) noted the benefits of a group art therapy day treatment program for severely emotionally disturbed adolescents. After completion of this program all of the participants exhibited more self-control over their evolving emotions and benefited from the self-disclosure and self-expressive art activities.

Liebmann (2008) presents art therapy as a non-verbal medium, which helps clients express their anger in a more appropriate and safe way. Through creative art therapy, clients gain better insight into their painful thoughts and feelings, and will eventually become capable of acting out their anger in an acceptable way, which is acting out on the paper, clay, or wood. In art therapy sessions, clients address the unresolved anger, which is the cause of their present problem, and become more reasonable and responsible for their acts and behavior.

Comics in Therapy: Shamantra's Way

Engaging “visual, linguistic, spatial, auditory, and gestural” (Helman, 2010, p. 32) senses, comic books are designed not only to contain attractive images but also to increase the readers’ motivation, interest, and understanding of the topic. Currently, comic books have a significant place in psychotherapy and counseling of adolescents. Bullying, first love, relationships, parents’ divorce, interaction difficulties, and cultural differences are some of the topics of these comic books, which enable the adolescents to fly between reality, the superheroes, and their fantasy world while dealing with their presenting issues (Helman, 2010).

While the focus of Helman’s (2010) dissertation was on published comic books,

Mulholland (2004) emphasizes the importance of creating comic book characters. He believes that the creation of these cartoon characters provides an opportunity for the adolescent clients to creatively express themselves and their wishes, identify actions and emotions, let go of their negative emotions, increase problem-solving skills through attempts at solving the characters' conflicts and dilemmas, while feeling less threatened in that the adolescents are not focusing directly on themselves (Helman, 2010).

Chapter 5: Cognitive-Behavioral Interventions

CBT

CBT is a generic term for a branch of psychotherapy, which focuses mainly on the here-and-now issues of clients. While not the main focus of therapy, childhood events and memories are reviewed to help the clients comprehend past emotional disturbances as well as elucidating how these past experiences might have influenced their present behavior and thoughts. CBT is designed as a short-term (six to twenty sessions), goal-oriented, problem-oriented therapy. The goal of the cognitive behavioral techniques and accompanying homework is to provide clients with long lasting skills to help them achieve and maintain more healthy behavior and thought patterns (Rector, 2010).

Rector (2010) asserted that the main concept in CBT is that the way people think about a situation influences the way they perceive it and eventually the way they behave in that situation. Therefore, the cognitive behavioral therapist's objective is to help clients identify, challenge, and adjust their negative thought patterns and maladaptive beliefs and attitudes, and eventually modify their behavioral and emotional reactions in certain situations. Cognitive behavioral therapists direct clients' attention to how automatic negative thoughts shape automatic negative emotions and result in destructive behavior. Once the clients become capable of identifying maladaptive automatic thoughts, they will be encouraged to replace them with healthier thoughts and beliefs (Rector, 2010).

In helping the clients identify and modify their thoughts and behaviors, the CBT therapists encourage the clients to describe a problematic situation, which has caused them distress. This exercise helps them identify the relation between the circumstances, their thoughts, mood, behavior, and the consequent feelings. The clients learn to become

the evaluators of their own cognitive distortions, take responsibility for their own behavior, and actively attempt to develop new and healthy thought patterns (Rector, 2010).

CBT and Anger

Studies that have been done over the past 20 years, which have investigated the advantages of CBT in reducing anger and support CBT as the most effective approach in reducing anger (Beck & Fernandez, 1998; Day, Howells, Gerace, Mohr, & Schall, 2008; Deffenbacher, 2011; DiGiuseppe & Tafrate, 2007; Feindler & Ecton, 1986; Feindler & Engel, 2011; Lochman, Powell, Boxmeyer, Deming, & Young, 2007; Novaco, 1994). Clinicians have developed effective CBT techniques to help adolescents gain more impulse control, increase their problem-solving skills, and develop pro-social behaviors. Thought stopping, cognitive restructuring, relaxation techniques, problem-solving skills, and affective education are referred to as practical techniques in the treatment of anger (Crawley, Podell, Beidas, Braswell, & Kendall, 2010; Donohue, Tracy, & Gorney, 2008; Lochman et al., 2007).

Thought stopping is a skill mainly taught in the initial phase of cognitive-behavioral based anger treatment. The client would be asked to visualize an angry outburst, which contains both emotions and negative behavior. He/she would be asked to verbalize the imagery. Eventually the therapist would shout, “stop” and would indicate the termination of the thought. The same exercise will be then done quietly where the therapist would show a “red stop sign” to indicate the termination of the thought. This exercise is beneficial in helping the clients learn how to mentally dismiss a negative thought, which may lead to an outburst of anger or to negative emotions (Donohue,

Tracy, & Gorney, 2008).

Cognitive restructuring is about identifying the negative perpetuated thoughts, evaluating them, and replacing them with more positive and constructive thought patterns. Researchers believe that adolescents with anger issues are preoccupied with a variety of negative thoughts, beliefs, and attitudes towards themselves. The goal of this technique is for adolescents to become aware of the ways that the consequences of their negative thoughts have on their emotional experiences (Crawly et al., 2010).

Somatic management or relaxation techniques refer to teaching relaxation techniques such as deep breathing, muscle relaxation, and use of coping statements, such as, I can effectively cope with the situation (Crawly et. al., 2010). The results of anger measurement tests have revealed that anger is accompanied by physiological arousal as well as physical tension, in both children and adults (Hubbard, Parker, & Ramsen, 2004). Together with the therapist, the client would identify the physiological responses in anger, such as increased heart rate and skin conductivity. The importance of the latter realization is that the adolescent would become capable of recognizing the physiological changes, which may lead to a troublesome angry outburst. Subsequently, the relaxation techniques will be taught to provide the adolescents with methods of releasing physical tension. In this technique, the adolescent will be instructed to visualize an anger-provoking situation followed by deep breathing and muscle relaxation. To deepen the relaxation exercise, the client might also be asked to visualize a quiet image, in which he/she is relaxed and in control of the negative impulses, for example, resting on the warm sand of a beach; sitting on a balcony with a forest view (Donohue, Tracy, & Gorney, 2008).

Problem solving refers to having the clients name an existing problem or a difficult situation, create several solutions to change the situation or to positively cope with the situation, and then decide on the best solution or the best way of handling a situation (Crawley et al., 2010). For the adolescents who display anger issues, the focus of problem-solving could be on discovering ways of reducing anger and obtaining skills to verbalize their demands in a pro-social way, without presenting anger. Donohue et al., (2008) pointed out that in an attempt to pause and contemplate the available constructive ways of dealing with a situation, the adolescents will be distracted from the anger-provoking thoughts. Through this technique, the adolescents would start to feel in control of not only the situation but also of their emotions (Crawley et al., 2010), decreasing their sense of helplessness. As they regain trust and confidence in their own decision-making, aggression and angry outbursts will no longer seem inevitable.

The goal of the affective education in the treatment of adolescents with anger problems is to help the clients identify, classify, and express emotions. In most of the cases, the adolescents may be aware of their mood states but lack proper words to verbalize their emotions; therefore, together with the therapist they will develop a dictionary of emotions. Additionally they need help to learn how to modify their emotions by diminishing the symptoms that accompany anger (Crawley et al., 2010).

Central to the CBT anger management programs is the modification of thought patterns and the learning of more productive and adaptive behavior in anger-provoking situations (Deffenbacher, 2011). Younger children (less than 14 years old) are not likely to benefit from these interventions since their undeveloped cognition prevents them from comprehending the tasks and challenging their maladaptive thoughts (Down, Willner,

Griffiths, Watts, 2011). Combined cognitive and behavioral interventions aim at helping adolescent clients recognize the latent thought that causes anger, acknowledge the link between anger and aggressive behavior, identify the distorted cognition, and reconstruct their maladaptive thoughts. Moreover, the clients' angry responses will be replaced with more constructive ones as their problem solving and coping skills improve. Within the CBT anger management programs, clients have the opportunity to practice these skills (Deffenbacher, 2011).

Cognitive Developmental Stages of Adolescence

If adults could remember their early adolescence years, they would be amazed at the level of creativity they had in producing art, performing a science test, their endeavors to solve an algebra problem, and their strong imagination about the future. A question that arises is that why the quality of thoughts change in this period of life and not anytime earlier than that?

Piaget's answer to this question is that by adolescence most individuals have reached a stage of cognitive development, which he refers to as "Formal Operational Stage" (as cited in Santrock, 2001, p. 104). Piaget believed that there are three other stages, Sensori-Motor, Pre-Operational, and Concrete Operational, prior to the last stage of cognitive development. In the first stage of cognitive development (0-2 year-old), the infant's understanding of the world is built through his/her five senses and motoric experiences (Santrock, 2001). By the end of this stage, the infant's reflexive actions turn into more symbolic and meaningful moves. In this phase, the infant is not capable of distinguishing self from objects and senses. The infant is in the highest level of egocentrism (Ivey, 1986). At the onset of the next stage (2-7 year-old), children develop a

repertory of vocabulary for objects and images. They start to separate self from others and the world (Santrock, 2001), although the residues of the egocentrism might emerge occasionally (Ivey, 1986). In the stage of Concrete Operational Thought (7-11 year-old), the child can apply logic to reason and resolve concrete questions. By the end of this stage, the child learns the relation of cause and effect and realizes he/she can predict consequences (Ivey, 1986).

However, it's not until the child reaches the stage of Formal Operational Thought (11-15 year-old) that he/she develops a full awareness of self, an ability to reflect on thoughts, and attain a perspective point of view. Abstract thinking, increased problem-solving skills, flights into the future, creation of an ideal self and family, are some of the cognitive characteristics of an adolescent in this stage (Santrock, 2001).

Based on Piaget's cognitive developmental stages, five and six year-old children are not interested in or not cognitively capable of thinking about the way they think, feel, or behave. It's only in the elementary years that highly prominent current issues of life draw the children's attention. In their adolescent years, individuals develop the ability to think about their thoughts and behaviors, to think about the consequences of their actions, and due to their abstract thinking aptitude they can think of alternative ways of behaving or viewing a situation (Crawley et al., 2010). Since not all the adolescents reach the state of abstract thinking and formal operational thought at the same time (Santrock, 2001), it is crucial that the CBT therapists working with teenagers, explain and clarify the notion of thought patterns in the therapy sessions (Crawley et al., 2010). When the adolescent client comprehends thoroughly that the way he/she thinks affects the way he/she behaves or experiences emotions, he/she can be directed to finding the negative thoughts in

certain situations, which often lead to angry outbursts. The adolescent's capacity for abstract, thought and idealistic thinking strengthen their ability to solve problems and seek alternative ways of behaving and thinking in certain situations (Ivey, 1986).

Therefore, since adolescents take advantage of their cognition to predict certain behavior (Ivey, 1986) and since research has shown a positive correlation between anger and angry cognitions (Marchetti, 2007), adolescent clients can benefit from CBT based anger treatment to recognize maladaptive cognitions that lead to anger. Moreover, research has shown positive results of applying CBT in the treatment of many presenting problems in adolescents such as anger (Crawley et al., 2010; Evans & McCandless, 1978; Feindler & Ecton, 1986; Ivey, 1986; Marchetti, 2007; Ollendick & king, 2004), depression (Ivey, 1986; Kendall & Suveg, 2006; Ollendick & King, 2004), anxiety disorders, school refusal behavior, and obsessive-compulsive disorders (Kendall, 1992; Kendall, Kane, Howard, & Siqueland, 1990; Kendall et al., 2008; Ollendick & King, 2004), and eating disorders (Dancyger & Fornari, 2009; Fairburn, Cooper, & Shafran, 2003; Ollendick & King, 2004; Pike et. al., 2003).

Cognitive Behavioral Groups with Adolescents

With the growing interest in applying CBT techniques in the treatment of various presenting problems in teenagers (Ollendick & King, 2004) and the growing number of referrals in need of an intervention (Stewart, Christner, & Freeman, 2007), cognitive behavioral group therapy (CBGT) was suggested (Freeman, Pretzer, Fleming, & Simon, 2004) as an alternative to individual treatment when helping teenagers deal with their problems.

As Kronenberger & Meyer (2001) note, "certain problems, especially involving

social skills, empathy, and interaction problems are best dealt with in a group setting. Groups are also used to facilitate discussion, to improve support, to normalize disorders, and to motivate otherwise disinterested children” (p. 34). Similar to individual CBT, cognitive-behavioral group therapy (CBGT) is a goal-oriented, short-term, solution-focused modality (Stewart et al., 2007). Clinicians believe that many problematic issues presented by adolescents are not necessarily revealed in an individual therapy session. For instance, if the individual is presenting challenging interacting behavior, social anxiety, or anger issues in a social context, he/she might not exhibit any of these in an individual therapy setting. The benefit of group therapy is that it provides an ideal setting for the therapist to observe the adolescent’s behavioral actions, expressive emotions, and interactions with group members (Goldstein & Goldstein, 1998).

Stewart et al., (2007) emphasized that psycho-education has a significant role in CBGT with youth. Similar to individual cognitive behavioral therapy, the group therapist’s role is to help the participants of a group recognize their maladaptive thoughts and behaviors, appraise them, and find constructive ways of thinking or behaving in certain situations. The same CBT techniques could be used in CBGT since they both follow the same principles of therapy.

Research has demonstrated positive outcomes of CBGT with youth presenting anger issues (Feindler & Ecton, 1986; Lochman, Dunn, & Wagner, 1997; Lochman, Powell, Boxmeyer, Deming, & Young, 2007; Tremblay, Kurtz, Masse, Pihl, & Vitaro, 1995; Webster Stratton & Hammond, 1997). Group interventions can increase self-efficacy, social skills, pro-social behavior, self-esteem, social problem-solving skills, and anger-coping skills. Moreover, the relaxation techniques and coping statements taught in

such groups help the adolescents gain more control over their impulsive behavior and disruptive emotions (Lochman et al., 2007). Stewart et al., (2007) also believe that groups normalize adolescents' thoughts, behaviors, and feelings by gathering a number of participants who have similar problematic issues, while at the same time provide an opportunity for adolescents to observe the impact of their behavior on others. In this therapeutic setting, they can practice the newly learned social-cognitive skills, observing the impact that their pro-social skills and constructive interactions have on their peers.

A review of the anger treatment outcome literature done by Digiuseppe & Tafrate (2007) reveals that the results of anger treatment programs have been positive with participants of all ages, populations, and genders. Follow-up after completion of a program suggest that the most longstanding changes occur in programs that have multimodal interventions. Moreover, Digiuseppe and his colleague (2007) found that participants in anger management programs reported accompanying physiological symptoms of anger diminished, positive assertive behavior increased, and aggressive behavior decreased.

Chapter 6: Art Therapy and CBT

Art therapy, CBT, and Anger Management

Liebmann (2008) suggests that through art therapy clients bring their anger into an image and express this emotion in a non-violent and symbolic way. The art therapist provides a safe space in the mental health setting for the clients to feel safe in expressing, addressing, and working on their anger issues. Without such a contained therapeutic space, expressing anger could be overwhelming as the clients might not be confident in their ability to control their angry feelings. Liebmann (2008) also notes that through the creative act of art making, the clients can acknowledge the anger and modify the anger imagery into a more adaptable image and can eventually take control and responsibility over their actions. Overall, art therapists suggest that creative imagery helps clients visualize their emotions and work with them in a more symbolic way.

In the past decade, art therapists have applied exclusive art therapy interventions and techniques in reducing anger in adolescents (Liebmann, 2008). Their results illustrate the advantages of using art, art materials, and creativity in learning to manage anger. Groves & Huber (2003) designed a six-week-art-based anger management program for adolescent boys aged twelve through fifteen to “help the students think in an abstract manner and to transfer ideas and solutions” (p. 190). Their goal was to increase the understanding of the clients’ insight of the creative process while allowing the clients to manage, control, and manipulate the art materials in their own unique ways. Groves & Huber (2003) discovered that such programs provide adolescents with an opportunity to experience new activities and learn through mistakes while working on their problem

solving skills. They also learn to control different art materials in order to successfully complete a task and in doing so, their self-control improves.

Cognitive behavioral therapists emphasize the significance of creativity in problem solving skills and note that without creativity clients cannot find flexible and innovative alternatives for their thinking and behavior (Greenberg, 2000). Nucho (2003) noted that an image is an important source of information for both the client and the therapist. Singer (2006) indicated the importance of visual images in CBT treatments and argued that visually observing emotional states, memories, and experiences of clients, help them identify their attitudes towards themselves, the events, their beliefs and values, and their distorted thought patterns. The visual images in CBT could be transferred into actual images in an art therapy session (Malchiodi, 2012). The goal of depicting the visual images is to alter emotions and negative thoughts towards a previously experienced situation, discuss various solutions, and plan a more constructive way of dealing with the problem in the future.

Art therapy and CBT with Adolescents

An adolescent who comes for therapy might be very anxious about being judged and labeled “insane” (Malchiodi, 2012). Due to the anxiety and fear he/she is experiencing, acting out on the therapist is a common response to protect him/herself. While the therapist should be aware of this self-protecting mechanism, the first step the therapist should take is to build rapport with the adolescent so that he/she feels safe and not in need of any armor in front of the therapist. Since CBT is mainly focused on verbal interaction between the therapist and the participants (Crawley et al., 2010), incorporating art therapy in the treatment of adolescents may reduce the pressure of verbalizing

problematic issues, and change the focus of the sessions onto the client's strengths and positive qualities of self rather than focusing on discussion, where defenses, such as rationalization and intellectualization, could come to life (Hinz, 2006). Through creative art making, the adolescents can symbolically explain their inner and outer world, how they perceive it and how they are being perceived in it, without verbally describing their world (Malchiodi, 2012). Moreover, Parker-bell (2011) indicated that combining art and CBT techniques is effective in reducing anxiety and improving self-confidence in clients.

There are art therapists who practice CBT in their profession (Rosal, 2001) and study the effectiveness of an integrative art therapy and CBT approach in clinical practice (Emerson, 2008; Fereydoonzad, 2009; Little, 2007; Stainback, 2007; Wilson, 2010). Moules (2008) suggests art-based cognitive-behavioral anger management programs for children and adolescents in an attempt to help them modify their thinking, develop new behavioral responses, and learn relaxation techniques through artistic activities and art materials. Rosal (2001) believes that art therapy and CBT could be integrated since they both require cognitive process and creativity (Greenberg, 2000). Therefore, participation in art therapy is an opportunity for adolescents to tangibly see their feelings and thoughts. They could also practice problem solving by using new and unfamiliar art materials and attempting to creatively apply them in an art activity.

In his recent dissertation, Helman (2010) applied six fundamental principles of CBT to create a new cognitive-behavioral anger management comic book, *Shamantra's Way*, for adolescents. The CBT principals in this book help the clients identify the influence of thoughts and perceptions on emotions, beliefs, and behaviors and more importantly, it reminds the clients to think before acting on their anger. Moreover, the

book includes an explanation of relaxation techniques, illustrates the advantages of learning and applying adaptive thoughts and behaviors in therapy, and demonstrates a fundamental belief of CBT, which is that practicing is the key to mastery of the newly learned skills. Helman (2010) indicated that the clients could learn through observing their therapist as well as practicing the skills within the group. The author of Shamantra's Way (Helman, 2010) believed that change within therapy happens through small adaptations to each of the newly learned skills.

While the objective of Shamantra's Way (Helman, 2010) was to provide professionals a resource to work with adolescents and their anger problems, the proposed art therapy based cognitive-behavioral anger regulation intervention will only use some of the sayings of this comic book as themes for the sessions. An example is "We are what we think. All that we are arises with our thoughts. With our thoughts, we make the world" (Helman, 2010, p. 50). These metaphors are either Buddhist or common sayings that are comprehensible to adolescents (Helman, 2010) and each can be linked to a CBT technique and art therapy intervention in the current paper. Moreover, each participant will be asked to create a comic book character, with whom he/she can identify and through whom he/she can express feelings, thoughts, and wishes.

Chapter 7: An Intervention Model

An Art Therapy Anger Management Program based on Cognitive-Behavioral

Principals of Therapy

As discussed in the previous chapters, art therapy techniques seem to complement the CBT based anger management programs. Therefore, based on the literature discussed above, the following anger management program has been designed to maximize the effectiveness of both art therapy and CBT techniques in anger regulation.

This program is designed to help both male and female adolescents, whose involvement in verbal or nonverbal angry outbursts, regardless of reason, have negative influences on their peer relationships, familial interactions, and achievements at school and in society. According to Crawley et al., (2010), children and adolescents can benefit from CBT if the therapist is aware of their level of “cognitive and affective development, including memory and attention capacities, verbal fluency and comprehension, and the capacity for conceptual reasoning” (p. 377). To ensure that the participants in this treatment intervention have reached a certain capacity for problem solving and recognizing distorted cognitions, the writer suggests that the age of the participants range between 15-17 years old.

Liebmann (2008) noted that the presentation of anger in male and female participants could be different and there have been times when the participants demonstrated irritation for having group members of the opposite sex in anger management programs. To prevent having a conflict as such, it is suggested that the proposed art therapy groups be homogeneous in gender.

Liebmann (2004) asserted that a closed group usually runs for a fixed number of

sessions with the same members (p. 32). This type of group allows the members to get to know one another more quickly, build trust, share, and disclose their stories and their feelings. As ideally the members of such a group are committed to attending their sessions on a regular basis, it is of utmost importance to discuss with the clients their motivations for joining the group. Lack of commitment usually occurs in clients who had been forced into attending groups.

The author feels necessary to indicate that the above-mentioned and the following requirements of the proposed anger-management intervention are amenable to change and therapists with various approaches may provide any adaptations necessary. The steps and activities in each session have been loosely designed. Hence, depending on the needs of the members of therapeutic group activities could be modified.

Treatment Goals

The goal of the art therapy part of the intervention is for the clients to learn to express their feelings in a symbolic and/or imaginative way. Moreover, art therapy intervention may guide the adolescent participants to an understanding of how anger changes their acts, explore creative ways of releasing anger, ponder on how their anger influences their interactions with peers, family, and society, and create alternative responses and solutions. The goal for the CBT part of the intervention is to help the adolescents gain insight into their actions and thought patterns, develop an adaptive way of dealing with and expressing anger, increase their ability to problem-solve, and learn relaxation techniques. Although mentioned separately, achieving these goals are intertwined and cannot be considered separately in the course of therapy. The nine sayings mentioned in the Shamantra's Way construct the theme of nine of the thirteen

sessions.

Duration

According to Liebmann (2004), one hour and half to two hours is adequate for each theme-based group art therapy, which provides enough time for an introductory activity, art work, discussion, and a closing activity. The proposed group will meet once per week for thirteen consecutive weeks. Each session will last 90 minutes, which could be divided into three sections: 15 minutes for the warm-up activity, 45 minutes for the main activity, and 30 minutes to include the discussion and closing activity.

Structure

A “theme-based group”, according to Liebmann (2004), gathers to address a specific issue, such as bereavement, anger, pregnancy issues, and etc. While the main focus of the proposed intervention group is to work on anger, nine out of thirteen sessions have a theme derived from the sayings in Shamanatra’s Way (Helman, 2010).

Short-term groups can benefit from this type of gathering. The groups have a formal instruction, with “an introduction, the choice of the theme, a time for the group members to draw or paint, followed by a time of sharing” (Liebmann, 2004, p. 16).

Size of Group

Although an art therapy group could be as large as 12 participants (Liebmann, 2004), there are smaller groups too, in which there is more time for the participants to interact. According to Liebmann (2004), smaller groups can be more supportive and cohesive while providing an equal time of sharing for their participants. Since both verbal and art therapy components will be available in this group, the author suggests that for the participants to benefit from the sharing time, a group of 4 members is preferable.

Materials

Riley (2001) suggested the following art materials should be accessible in an art therapy room. Felt pens, oil pastels, dry pastels, markers, collage pictures, magazines, blunt-tipped scissors, glue sticks, pencil crayons, masking tape, plasticine, clay, a few sculpting tools, paint, watercolors, palettes, canvas, a variety of brushes, colored paper, and a roll of white butcher paper to have small or large-sized paper. She also stated “proper use of media can advance the progress of therapy by adding the tactile-emotive sense to the process of discovery... this leads to improved comprehension of patterned behaviors and blocks to making change” (p. 17). While Riley (2001) believed that the process of looking, choosing, and utilizing the art materials could be therapeutic for the clients, Wadeson (1987) noted the importance of providing suitable materials that fit the clients’ needs. Hence, an art therapist should be attentive to the clients’ emotional state in each session before leaving them the option of choosing the materials.

In the proposed intervention group, while there is collaboration between the art therapist and the group members in selecting the art materials for some activities, there are certain activities for which the art therapist suggests the suitable art media.

Setting

The proposed group will be held in an available room at a high school, where the adolescent clients attend school. The referrals are accepted from the teachers, school counselors, parents or the adolescents themselves. An initial, individual interview will determine whether or not the adolescents believe the group will be helpful and if they are committed to attend all the sessions. Moreover, their expectations from joining this group, what they would like to achieve, a description of the group process and the type of

activities in this group will be discussed in the interview. The structure of the group will be explained and an outline of the sessions will be given to the potential members.

Art Therapy Techniques

The following is the description of some of the art therapy techniques to be used in the proposed anger management intervention.

Creation of a comic book character. Central to the use of comic books in therapy is the idea of allowing the clients to re-experience episodes of life by reading a story that they can relate to, whether it is friendship issues, interpersonal difficulties, or relationships (Helman, 2010). The clients will be more engaged in therapy when they become the creators of the characters of these stories. Mulholland (2004) indicates that encouraging clients to create cartoon characters helps them re-experience periods of life during which they had a problem, were in trouble and distressed, or even the joyful moments in their lives. This process aims at letting the clients explore important moments in life and work through the accompanying feelings and emotions. Utilizing the nine sayings of Shamantra's Way, having the clients create their cartoon characters and encouraging them to make a story for the character or help the character solve a problem will increase the adolescents' ability to reflect their ideas and wishes onto the character, ponder on various solutions, examine their problem-solving skills, and evaluate the applicability of the solutions in certain situations.

Mask making. When the clients are asked to create masks, they are really being asked to create faces to display a different side of self to the therapist, the other members, and also to themselves (Dunn-Snow & Joy-Smellie, 2000). McNiven and McNiven (1994) said, "A mask is a face to hide behind. With a mask, anyone can become someone

or something different. Masks are mysterious” (p. 4). Since masks have a projective nature (Jones, 1996) the clients can project different personas on masks. In this process, the masks help the clients conceal, reveal, and transform emotions and facial expressions (Dunn-Snow & Joy-Smellie, 2000).

In sessions, where mask making is the art activity, the clients project two or more personas onto the masks, demonstrate facial expressions when feeling angry, observe their peers facial expressions (sad, worried) as a result of their anger, examine new attitudes, and practice interaction skills.

Collage. The main goal in creating a collage is to help the clients assemble all the pieces of information they have been collecting since the beginning of the treatment, compose, and organize them in a way that is logical to them. In this process, the clients are not guided by the therapist or an external stimuli but act in response to their instincts, comprehension of the treatment, and their inner world (Lipkin, 1970).

Journaling. The central purpose of journaling is to provide the clients with a tool to work on their issues between the sessions. It is crucial to therapy that the clients think about what happens in therapy when they are out of the session, apply the learned techniques in real life situations, and reflect on their struggles, achievements, and on their ability of applying the new techniques (Stone, 1998). In their journals, the adolescent clients can write about their frustrations, how they deal with anger, when they lose their control, and think about different ways of handling their anger in the future. Journaling is used as homework by therapists with various approaches and is an example of homework, which is given in CBT.

Story telling. This activity, which happens twice during the course of this anger treatment program, allows the participants to activate their imaginations (Remotigue-Ano, 1980) to depict various situations, when they may get frustrated and have angry outbursts. This will enable them to anticipate the anger-provoking situations, and avoid the situation if possible, or at least be aware of the expected feelings.

Mandala. Mandala exercises are useful in reducing anxiety and helping the clients focus on the present. One way to overcome the feeling of being overwhelmed with negative feelings is to bring the focus and concentration to the present and mandala artwork can hold the scattered thoughts and feelings in a contained circle. Since the primary goal of utilizing mandalas in art therapy is self-awareness and self-expression (Henderson, Rosen, & Mascaro, 2007), the application of mandalas in anger treatment is to help the clients increase the awareness of self, including emotional and physical status, and to provide a tool through which the adolescents can express the negative feelings while in a safe and contained space.

Role-play. Playing themselves in an anger-provoking situation, the adolescent clients can rehearse the learned problem-solving and interpersonal skills to handle their anger in a constructive way. Moreover, role-playing allows the individuals to imagine various life situations, which may precede angry behavior, and experiment with different ways of managing their anger. Given that role-play is projective in nature and it enables the individuals to enact different hypothetical personas (Jones, 2007), the adolescent clients have the liberty of trying out ideas, wishes, skills, attitudes, characters, and identities without being judged and without actual consequences.

Session 1. Psycho-education has an important role in helping the participants understand anger, their perception of it, and its impact on others. Therefore, the first three sessions will not have a theme since psycho-education will form the main part of these initial sessions.

In this first session, the group members will be introduced to one another. Each participant may share their reason for attending the group. To reduce the pressure of verbalizing their reasons, each participant could choose a magazine image, which shows his/her reason for attending the group. Another icebreaker activity in the beginning of this session could be to ask members to draw a comic book style figure of themselves when angry. The group will be asked to share their image or their self-images followed by a discussion. This activity will take the pressure off the participants who may feel that they should be serious when talking about anger.

Once they start to feel more comfortable with the group and the group leader, they will be asked to decide on the group's rules. This activity will be followed by a discussion on the topic of how they define anger. The participants' cooperation in trying to define anger will reveal that anger is subjective and is different for each person. The participants may then realize that there are other people struggling with anger in different ways thereby normalizing their thoughts of being the only one who is not in control of anger.

By the end of this session, the group will make a pact to behave responsibly, act in a nonaggressive manner, and remain calm for a specific amount of time out of the session, for example the group may decide to limit the pact to 24 hours or to 4 days. The adolescents will be encouraged to report back to the group during the following session,

regardless of whether they were able to hold onto their contract with the group.

Session 2. In this session the participants will be asked to explore anger triggers and describe how they respond to conflict. Similar to the initial session, the therapist can ask the adolescents to make a cartoon-like character response to this discussion. The hope is that the participants will gain a better understanding of what makes them angry so they can prevent this response in the future. Also by naming their strategies in managing anger-provoking situations the participants become aware of and take ownership of their anger and their behaviors, which are the first steps in helping them control their anger.

Mindfulness techniques such as deep breathing, muscle relaxation, and relaxation visualization will be introduced as a way to release tension and negative thoughts once in an anger-provoking situation (Kendall & Suveg, 2006). The participants will be encouraged to practice these skills out of the session in order to provide practice in relaxing their body and mind and gain more awareness of their emotions. The therapist may apply these techniques in the beginning, middle, or in the end of each session, based on the needs of the group.

The participants will continue deepening their understanding of the relaxation techniques and their role in releasing physical tension by doing an art activity. From the writer's experience in working with adolescents, they tend to be skeptical about the effectiveness of such technique, so spending more time on this concept to deepen their understanding is crucial.

The adolescents will be asked to examine their body and identify any discomfort, pain, distress, anxiety, or any other negative feelings. Then on a large piece of paper, they will be asked to draw an outline of the body and using different colors mark the places

they have identified. Following this activity, they will be asked to do a mindfulness technique, such as breathing and positive visualization. They will be asked to scan their body again and search for the spots they had named previously. Having the body outline in front of them is beneficial in that it acts as a reminder of how they were feeling before the mindfulness exercise.

Session 3. In this session, the participants will be asked to choose a name for their anger, i.e. Jack or Jasmine. The next step is to share a short story of the “anger character”. The goal of this activity is not to blame the participants or their anger, but to help them recognize the active role of their anger in their daily life. The main activity of this session is to write a story, with the adolescent being the hero of the story and the anger as the assistant who is at the service of the adolescent and controlled by him/her. The adolescents will be encouraged to create a cartoon character, which represents them, and demonstrates how they act in different scenarios.

As of this session, journaling is introduced as weekly homework. The participants should be encouraged to write about their experiences of anger, whether they have occurred in a positive and/or negative way. The role of journaling is to help the adolescents reflect upon their actions and deepen their understanding of their anger. They will be encouraged to share with the group one or two stories from their journals every week; however, sharing should be absolutely voluntary.

Session 4. As of this session, the themes from the Shamantra's Way will be used in the sessions. The first saying, which will form the theme of this week, is "we are what we think. All that we are arises with our thoughts. With our thoughts, we make the world." (Helman, 2010, p. 50)

Sessions 4 to 9 will start with a discussion on what the participants think of the theme of the session. In this session, after listening to everyone's statements, the participants will be introduced to the concept of "thought stopping", which was mentioned in the previous chapters as a CBT technique in anger regulation. To practice this skill, the participants will be asked to visualize an episode of anger with the accompanying angry thoughts, while transferring their feelings onto a paper using markers, pencil crayons, or pastels. In the midst of their visualization, the therapist would call out loud "stop". The participants should stop the thought and the art activity at the same time. The participants may report how they felt after having heard "stop" and they will be encouraged to practice this skill out of the session to increase their ability to stop the anger-provoking thoughts.

What to do to distract the anger-provoking thoughts? Participants can make a contract with the group that every time an angry thought crosses their mind, they will pause for a moment before acting on it and then name Canada's territories and provinces. For hockey fans, they could name Canada's hockey teams. They will notice that their anger will remarkably decrease after this thought distracting activity.

Session 5. The saying, which will form the theme of this week, is "think before you react. Take some deep breaths first." (Helman, 2010, p. 50)

The "thought stopping" activity may continue into this session. The participants

will be asked to do a free drawing on a large piece affixed to the wall. Each participant needs a fairly large space, on which he/she can express feelings. Then the group will be told to visualize a negative anger provoking situation and/or thought and try to put it onto the paper. This time, instead of the therapist, any participant can shout out “stop”. This will also be considered an exercise for each adolescent to “stop” his/her own negative thoughts.

To deepen their understanding of how they can delay their actions, the adolescents will be introduced to the “Think before you pop the answer” activity. The activity contains a question, which is “imagine you have had a rough day at school, where you were being made fun of by a group of your classmates. You have done a great job in controlling your anger and didn’t make any trouble for yourself or any peers at school. However, on your way back home, you pass in front of one of your classmate’s house, the leader of the group that had made fun of you. You see him/her alone in the garden... what will you do?

- A) Although very hard, I try to stop the anger provoking thoughts and continue walking.
- B) I will probably teach him/her a lesson not to make fun of others in public.
- C) She/he has hurt me so she/he should be hurt.”

The participants will be asked to do this exercise twice in a row. The first time they need to answer right away, without pondering. The second time, the therapist asks them to pause, take a deep breath and then choose an answer.

Whether or not the adolescents’ second answers differ from the first one, the goal of this exercise is to teach the participants to delay their decision making process in an

anger provoking situation.

Session 6. The saying, which will form the theme of this week is “view options and gather evidence before making decisions” (Helman, 2010, p. 50).

After the group discussion on the theme of this session, the notion of maladaptive cognitions, the relation between thought, actions, and emotions, and the principles of cognitive restructuring will be explored.

In this art activity, the participants will be asked to look at the lines and shapes that have been given to them and transform each line into an image. The process of expanding the shapes into images will increase their creativity and is the beginning phase of learning the ability to observe and collect pieces of information, and develop creativity in decision-making.



Session 7. The saying, which will form the theme of this week is “blowing out another’s candle will not make yours shine better” (Helman, 2010, p. 50).

Continuing the cognitive restructuring and developing creative decision-making, this session’s activity will help the adolescents evaluate a problematic situation, consider several solutions, appraise them, and choose the most appropriate solution. Each adolescent can count on the help of the group and the therapist to make sure he/she is considering all the possible alternatives and is making a wise choice.

The art activity is writing a five-part story (Fereydoonzad, 2009). The adolescent should come up with an anger-provoking situation, brainstorm the possible solutions,

evaluate them, plan the appropriate pro-social actions and make the final decision. Each client can either use the cartoon character from the previous story telling activity or create a new one.

Session 8. The saying, which will form the theme of this week is “no man can think clearly when his fists are clenched” (Helman, 2010, p. 50).

Restructuring the maladaptive cognitions will continue into this session. After determining that each of the participants understands the theme of the session, the art activity will be presented.

Each participant will be given a lump of clay. They will be asked to think about an anger-provoking thought or visualize an episode of an outburst of anger. The adolescents will then be asked to try to make a specific shape out of the clay, for example a tree. Hypothetically, with aroused emotions, they will have a hard time making the shape of the tree. Since the goal of the session is for the adolescents to experience adaptive thinking, the first part of the experiment should be short, a maximum of 5 minutes. As soon as the therapist asks the group to stop working with the clay, a circle on a piece of paper will be given to each of the adolescents. They will be asked to visualize a peaceful scene and make a quick drawing of their visualization within the circle. Another way of doing it is to give each of them a pre-drawn mandala and ask them to fill it in with colors that represent tranquility and peacefulness to them. Without pausing, they will be asked to go back to their piece of clay and try to make a tree.

The therapist should be aware that even with a calm mind, some participants might not be able to mold a desirable tree out of the clay. Therefore, it is important to engage the adolescents in a subsequent discussion, where they will be able to verbalize

the involved feelings in each part of the activity. The therapist's comment on the importance of the adolescents' acknowledgement of the relation between the thoughts and emotions and the consequent actions may reduce the participants' anxiety about the aesthetic aspect of the activity.

Session 9. The saying, which will form the theme of this week is “everything we do in life takes time and practice to get it right. To really master something, it has to become part of you” (Helman, 2010, p. 51).

Mask making is the art activity of this session, which will allow the adolescents try on different faces, and identify different feelings associated with each face. The participants will be permitted to make as many masks as they want. The participants will be given the pre-made white full-face masks on which they can work with pencils, markers, or paint. They may play the role of an angry persona and apply the CBT techniques they have learned so far to help the person find constructive ways to interact, make a demand and challenge disagreements. Forming dyads, each participant can create a role play, in which he/she is acting in a) an anger provoking situation and b) a peaceful situation. The participants will be asked to be observant of the emotions provoked in their dyad and their facial expressions, when acting angry or calm.

Session 10. The saying, which will form the theme of this week is “anger is a sign of weakness” (Helman, 2010, p. 51).

Now that the cognitive restructuring skills have been explored, the adolescents will learn about affective education. The importance of recognizing each emotion and finding a proper name for it will be explored. For instance, they will be taught that there is a difference between anger and sadness, feeling empty or hurt. The response to each

one of these emotions could be different or similar but shouldn't necessarily accompany angry behavior.

Participants may choose to work with their mask from the previous session or choose to make a new one. Putting on the mask, each adolescent attempts to feel different emotions and play the role of the person feeling that emotion. This activity could also include verbalizing how one might feel or think when experiencing different emotions.

Session 11. The saying, which will form the theme of this week is “treat others only in ways that you are willing to be treated in the same exact situation” (Helman, 2010, p. 51).

After discussing the meaning of the theme of the session for each participant, the concept of problem-solving will be introduced to help adolescents think about alternative ways of dealing with their problems in certain situations. In accordance with the theme of the session, each participant will be asked to think about different ways that they want to be treated by others. From the experience of the writer, most of the adolescents don't have a clear idea of how they want to be treated by others since they are accustomed to the way they are already being treated. When exploring the idea, they usually struggle to specify how they want to be treated. However, since adolescence is the period of identity construction (Blos, 1962), it is significant for each adolescent to recognize his/her needs and verbalize and request to have them met in a pro-social way. Therefore, it is important for the therapist to help the client identify these needs.

Since the focus of the sessions 11 through 13 of the program is about reflecting on and developing appropriate problem-solving skills, role-playing could be helpful. Participants may use their previous masks, make new ones, or utilize each other's masks

to role play both negative and positive scenarios. Some of the themes of the role-play could be bullying, assertiveness, lying, refusing requests and saying No, helping, listening, etc. Playing positive and negative scenarios will increase participants' understanding of self, how they think and act in different circumstances and what are the alternative and more appropriate ways of interaction. Moreover, observing how other members act in different scenarios provides an opportunity to learn from their socially accepted behaviors and may prevent them from repeating the unacceptable behaviors in similar situations.

Session 12. The saying, which will form the theme of this week is “conquering others takes force, conquering yourself is true strength” (Helman, 2010, p. 51).

The participants will be asked to use 3 of their most favorite art materials and create a mixed method drawing, painting, three dimensional construction or collage. The subject of the artwork is “my journey”, in which the participants will display their difficulties, challenges, achievements, and realizations in learning how to control their anger during their time in the program. Moreover, as their final art piece, they get to challenge their skills to incorporate the materials in a desirable way.

In this session, they will be reminded that their next session will take place two weeks later. The goal of missing a week is for the adolescents to experience a semi-termination, while still thinking about coming back to their group. They will be asked to continue applying the learned skills outside of session and be observant to the challenges they might in controlling their anger when faced with real life situations.

Session 13. This last session, which takes place two weeks after session 12, is also a celebration of the participants' achievements and accomplishments. The

adolescents can talk about their daily lives, how they have incorporated the learned skills into their regular routine during the past two weeks, what their struggles were, and in general report on how they dealt with their anger. Based on the group's decision, they can hold onto or cancel the pact, which was made in the first session.

Chapter 8: Discussion

Limitations

Fraser and Galinsky (2010) stated, “The process of designing an intervention is both evaluative and creative. It requires evaluating and blending existing research and theory with other knowledge (e.g., knowledge of the practice setting) and creating intervention principles and action strategies” (p. 460). As mentioned in the methodology chapter, the evidence documents used in this paper were limited to the existing literature on anger management in North America and the United Kingdom. The author is aware that anger regulation interventions in other European countries as well as in different countries with various cultures might be different.

Moreover, the author was not fortunate to run an adolescent therapy group or an anger management group for adolescents prior to the proposal of this intervention to obtain practical information on the best group art activities in working with adolescents with anger issues.

Furthermore, Fraser and Galinsky (2010) noted that “action strategies range from providing responsive feedback and support in the context of dialogue with program participants to engaging in relatively structured activities as described in a manual or protocol” (p. 460). One of the limitations of this research paper was the lack of participants to empirically investigate the advantages and disadvantages of the proposed intervention.

Fraser (2004) stated in an intervention research, after studying the problem, planning a project, gathering and synthesizing information, and designing an intervention, a pilot testing is required to examine the efficacy of the intervention for the

proposed population. This intervention paper only contains the description of the problem, analysis of the existing literature of the mentioned problem, and the subsequent proposed group intervention, which are the first two steps of an intervention design research. The efficacy of the intervention and its effectiveness in practical setting were not investigated in this paper. Therefore, the author cannot defend the efficacy of the proposed anger management intervention.

Recommendations

The author believes the proposed art therapy anger management group based on the principals of CBT could be used in schools, community centers, and correction centers. The activities suggested in this program could be modified to meet the needs of the clients in different settings. In addition, the activities of this intervention group could be to modify to be used with children, youth and adults with uncontrollable anger issues.

It is recommended to administer the proposed anger management intervention with adolescents in the future, in order to examine the effectiveness of the proposed techniques in reducing anger in adolescents. Moreover, a follow-up period is recommended for this short-term intervention program to determine whether or not the positive changes in anger regulation have remained through a period of time.

Conclusions

According to Riley (1999), the adolescent's natural desire to rationalize and intellectualize problems will decrease by utilizing art activities. She noted that incorporating visual and verbal techniques in therapy increases the client's ability to problem-solve and augments the chance of achieving therapy goals in a shorter amount of time. Generally, the concept of therapy reminds individuals of a long-term examination

of problems, a journey into the past and childhood, and rising of suppressed issues, which also involves unsealing old wounds, tears, guilt, and shame. The latter concept of therapy is not always pleasant for either adults or adolescent clients. Therefore, a treatment program, which focuses on the presenting problem, addresses the engaged maladaptive cognitions, and finds the best solutions in the shortest amount of time, helps to decrease the client's anxiety about engaging in a long-term treatment and will most probably accelerate the progress of treatment.

It is of utmost importance to note that while the therapist does not view him/herself at the top level of the hierarchy of power among the adolescents (Riley, 1999), he/she must be capable of remaining the authority figure in the sessions. This is important given that acting out in sessions, which may be manifested as refusing to attend the sessions, threats of discontinuing therapy (Amini & Burke, 1979), resistance to using art materials or joining a conversation, offending other group members, and refusing to comply with the therapist and the group's rules are normal acts for adolescents involved in anger treatment programs (Lochman et al., 2007).

In this particular anger treatment program, the adolescents will be reassured in the initial session that "the art is not a pathology, it is an expression" (Riley, 1999, p. 249) and interpreting artwork is not the focus of the sessions. Rather, the sessions are about creating art while having fun, being creative, and applying humor to project their wishes and their needs in an artistic/ symbolic way. While being creative and entertaining, images let the therapists enter the adolescents' world, let the adolescents differentiate between their anger and themselves, and provide them with an opportunity to project their needs and emotions into a picture (Riley, 1999).

The psycho-education in this anger treatment program enhances the individual's self-awareness to recognize the physiological indications of anger such as increased blood pressure, heart rate, and skin conductivity. The participants can be instructed to identify their physiological responses, which are triggered by anger and anger-provoking situations therefore possibly eliminating the angry outburst or aggressive behavior. Once these psychological responses are identified, the adolescents can utilize the mindfulness exercises to release the tension from their body, lower the level of physiological arousal, and regulate their emotions (Crawly et al., 2010).

As Crawly and his colleagues stated (2010), combining psychological treatments, which involve verbal dialogues, with playful activities develops an effective design to involve teenagers in therapy. The playful aspect of therapy activities accelerates the construction of a positive therapeutic alliance, helps the therapist observe the client's expectations and beliefs through the playful activity and provides a competent learning opportunity, where the adolescent can observe the troublesome behaviors.

According to Liebmann (2004) "Adolescents are often painfully aware of themselves, and frequently lacking in confidence, despite occasional bravado. They need the opportunity to try out their ideas and opinions without feeling judged" (p. 167). While art therapy provides a space to examine their ideas in the form of art making, a group setting provides the members with the opportunity of bonding with each other and disclosing their stories and life issues (Yalom, 1975). Hence, they don't feel like aliens with extraordinary unresolvable problems while other adolescents are living a normal life (Stewart et al., 2007). In the proposed intervention program, the adolescent clients can

take off their façade of being angry, hostile, and aggressive and can discover and share their reasons for using these defensive behaviors.

Moreover, Norton (2011) asserted in an art therapy group, “expression is externalized in the art form and allows the makers to achieve some separation from that expression” (p. 21). Therefore, having a group art therapy with cognitive behavioral principals, allows clients to step back from their images, which might be a representation of their thoughts and beliefs, become observant, evaluate, and acknowledge maladaptive thoughts and beliefs.

Summary

Evidence-based research on effective art therapy techniques was done over the course of this research paper. Literature on the use of CBT in the treatment of anger in adolescents was reviewed. Various art therapy and CBT anger treatment programs were mentioned, whose goal were to increase an adolescent’s self-awareness of his/her angry patterns of behavior, identify the triggers, discover alternative solutions to deal with certain anger-provoking situations, and practice pro-social behavior in a group setting. An art therapy anger management program based on the principals of CBT was proposed to help adolescents identify their unhealthy angry behavioral patterns, recognize the roots of their anger and how that anger is affecting them and others, and what are alternative ways of behavior in anger-provoking situations. Moreover, lessening the pressure of verbalizing problems by introducing art activities alters the experience of being in therapy for the adolescent clients, where they can explore their problems and express their wishes and needs in a creative way without being concerned about articulating them. The nine sayings in Shamantra’s Way (Helman, 2010), which were proved to be

comprehensible to adolescents, formed the theme of nine of the thirteen sessions of this program and were followed by art activities and discussions to deepen the adolescents' understanding of these themes.

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